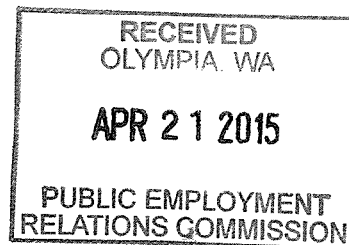




**PUBLIC EMPLOYMENT RELATIONS COMMISSION**  
112 Henry Street NE, Suite 300, Olympia WA 98506  
PO Box 40919, Olympia WA 98504-0919  
Phone: 360.570.7300 Email: filing@perc.wa.gov  
Web: www.perc.wa.gov



## REPRESENTATION PETITION

☐ Amended Petition in Case # \_\_\_\_\_

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

### **PARTIES** Include information for all parties involved.

**EMPLOYER** Evergreen Healthcare  
**Contact** Kathleen Groen, HR Director  
**Address** 12034 NE 130th Lane  
**City, State, ZIP** Kirkland, WA, 98034  
**Telephone** 425-899-2507 Ext. \_\_\_\_\_  
**Email** kcgroen@evergreenhealth.com

**PETITIONER** SEIU Healthcare 1199NW  
**Contact** Teresa Tobin  
**Address** 15 South Grady Way, Ste 200  
**City, State, ZIP** Renton, WA, 98057  
**Telephone** 425-917-1199 Ext. \_\_\_\_\_  
**Email** teresat@seiu1199nw.org

### **CURRENT BARGAINING REPRESENTATIVE** (If one exists)

**Contact** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, ZIP** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ Ext. \_\_\_\_\_  
**Email** \_\_\_\_\_

### **TYPE OF REQUEST** Select One. The petitioner requests:

- ☒ **RECOGNITION** to be certified as the representative of employees currently unrepresented.
- ☐ **CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- ☐ **DECERTIFICATION** to no longer be represented by the current organization.
- ☐ **INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- ☐ **EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

### **BARGAINING UNIT**

**Description of Bargaining Unit:** Indicate inclusions / exclusions

See Attached

**Department or Division** Social Workers & Case Managers

**Number of Employees in Unit** 124

### **Collective Bargaining Agreement**

If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

**Contract Expiration Date:** \_\_\_\_\_

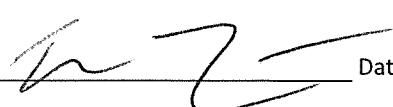
### **OTHER RELEVANT FACTS**

☐ Additional information relating to the proposed bargaining unit is attached.

### **SHOWING OF INTEREST**

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit.  
The showing of interest cards are confidential and are **ONLY** filed with PERC.

### **AUTHORIZED SIGNATURE FOR PETITIONER**

**Print Name** Teresa Tobin **Telephone** (206) 465-7465 Ext. \_\_\_\_\_  
**Title** Organizing Co-Director **Email** teresat@seiu1199nw.org  
**Address** 15 South Grady Way, Ste 200  
**City, State, ZIP** Renton, WA, 98057 **Signature**  **Date** 4/21/15

**Bargaining Unit: Evergreen Social Worker & Case Manager**

**Included:** All regular full-time and regular part-time employees (including per diems) employed at Evergreen Health Care, including:

- Case Manager ECN
- Case Manager II
- Case Mgr II-Caregiver Counselor
- Case Mgr II-Chem Depend Prof
- Case Mgr II-Crisis Services
- Clinical Care Manager
- Coord-Bereavement
- Coord-Social Work
- Coord - ECN
- ED Social Worker
- Grief Counselor
- Palliative Care Social Worker
- Social Worker
- Social Worker EHCS
- Substance Abuse Svcs Crd

**Excluded:** All other employees, managers, supervisors, confidential employees, and those employees in existing bargaining units